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Knowledge regarding uterine prolapse among reproductive age group women of Birendranagar, Surkhet, Nepal

Suman Giri

ABSTRACT

Uterine prolapse is one of the most common causes of reproductive morbidity which influence the women quality of life. In Nepal one million women in suffer from uterine prolapse and most of them belong to the reproductive age. When the pelvic floor muscles and ligaments become too weak or too stretched to support the uterus, uterine prolapse develops. The outcome is that the uterus enters or exits the vagina. The main objective of this study was to assess the knowledge on uterine, prolapse among reproductive age group women in the selected community of the Birendranagar-04, Surkhet. For the study, a descriptive cross-sectional research methodology was chosen and 60 women in the reproductive age range who were visiting a designated neighborhood were chosen using a non-probability purposive sampling technique. The data collection method employed was a semi-structured questionnaire. Through the use of descriptive and inferential statistics, the acquired data were examined using SPSS version 20. The result of the study shows knowledge level of the 50% of respondent was poor 33.3% has average level of knowledge and only 16.7% of the respondent have good knowledge. There was significant association of knowledge with education level of the respondent, family type and place of delivery whereas no significant association seen between other socio-demographic variables. Hence, education level of the respondent is contributing factors to the knowledge level regarding uterine prolapse in reproductive age women. The research found that the majority of respondents knew nothing about uterine prolapse.

Keywords: Uterine Prolapse, Reproductive age, Nepal, Knowledge

1. INTRODUCTION

One of the most prevalent causes of reproductive morbidity that affects women's quality of life is uterine prolapse. According to Elsayed et al., (2016), 1 million women in Nepal have uterine prolapse, the majority of who are of reproductive age. When the pelvic floor muscles and ligaments become too weak or too stretched to support the uterus, uterine prolapse develops. The outcome is that the uterus enters or exits the vagina. People who have had one or more vaginal births after menopause are more likely to get uterine prolapse (Mayoclinic, 2022).

Women in Nepal experience uterine prolapse mostly as a result of gender inequality. Early marriage, having several children, having deliveries without qualified midwives, working continuously during their pregnancies and having babies soon after giving birth. Physical discomfort, psychological distress, social isolation and sexual lifestyle constraints are just a few of the many elements of a woman's quality of life that are impacted. Risk factors for it include Ageing, previous pelvic surgery and several pregnancies.

Statement of the problem

A study to assess knowledge regarding uterine prolapse in selected community of Birendranagar-04, Surkhet, Nepal

Significance of the study

Study becomes useful as reference material for medical students for knowledge regarding uterine prolapse.

The finding of the study can be used as baseline data for further research.

The study findings become the base for the health workers in future planning and implementation to bring awareness regarding uterine prolapse.

The study has implications for the college committee's selection of programs that will best advance understanding of uterine prolapse.

Objectives of the Study

To evaluate the level of information of uterine prolapse among women (15–49 years old) in the reproductive age range in the chosen community of Birendranagar-4, Surkhet

To determine how much information women in the reproductive age group know about uterine prolapse.

To measure the association between knowledge on uterine prolapse with selected socio demographic variables

Research Hypothesis

All hypothesis will be tested at 0.05 level of significance.

H1: There will be a substantial correlation between reproductive age group women's awareness of uterine prolapse and their chosen demographic factors.

Review of Literature

In Nigeria in January 2020, a descriptive cross-sectional study on women's knowledge of uterine prolapse was carried out. 302 females made up the sample. Face-to-face interviews with participants in a semi-structured questionnaire were used to gather the data. 94.7% of respondents had little understanding of uterine prolapse, whereas 19.7% had considerable knowledge. According to the study's findings, the majority of women knew little about uterine prolapse (Anozie-Okechukwu et al., 2020).

From July to September 2016, descriptive cross-sectional research on knowledge of uterine prolapse among women at a tertiary care teaching hospital in Chitwan, Nepal, was carried out. 130 women comprised the research sample. Face-to-face interviews were used to gather the data using a semi-structured questionnaire. The findings indicate that 69% of the women had poor understanding about uterine prolapse, whereas 42.30 percent of the women had adequate knowledge. The study found that women of reproductive age had low levels of understanding of UP (Marasine et al., 2020).

In April 2016, a descriptive cross-sectional study on women's knowledge and behaviors about uterine prolapse risk factors was carried out in Egypt. A total of 200 married women made up the sample. Face-to-face interviews with a semi-structured questionnaire were used to obtain the data. The findings indicate that 56.5% of the women who participated in the study were unaware of uterine prolapse. The study came to the conclusion that married women of reproductive age had insufficient understanding about the uterus (Elsayed et al., 2016).

In November 2019, researchers in Nepal conducted a descriptive cross-sectional study on the knowledge of uterine prolapse among women in the reproductive age group. 150 women in the reproductive age range made up the sample. Data was gathered utilizing a semi-structured questionnaire and face-to-face interviewing. The findings indicated that whereas 54% of respondents had insufficient information regarding uterine prolapse, 46% had good understanding. According to the study's findings, more than half of the respondents knew insufficient facts concerning uterine prolapse (Bhurtel et al., 2019).

In Lalitpur, Nepal, in February 2016, a descriptive cross-sectional study was carried out to determine the awareness of uterine prolapse risk factors among women of reproductive age. 185 females made up the entire sample. Data were gathered using a face-to-face interviewing approach using a semi-structured questionnaire. The findings indicate that considering risk factors for uterine

prolapse, 46.5% of women have good awareness and 53.5% have poor understanding. The survey found that most respondents knew too little about uterine prolapse (Singh et al., 2016).

In Daulichaur VDC in the Bajhang district, between March 2016 and April 2016, descriptive cross-sectional research was carried out to evaluate married women of reproductive age's knowledge and attitudes on prolapse. 313 married, fertile women between the ages of 15 and 49 made up the sample. Face-to-face interviews were used to gather data using a semi-structured questionnaire. According to the survey, just about 34% of respondents had a high degree of expertise. The study found that the majority of women in reproductive age had little understanding about uterine prolapse (Khanal et al., 2020).

In December 2017, the descriptive cross-sectional study on women's understanding of uterine prolapse was carried out in Egypt. There were 220 women in the sample. Face-to-face interviews with participants in a semi-structured questionnaire were used to gather the data. The study's findings indicate that the majority of the women (80%) had insufficient understanding of uterine prolapse. The study found that the ladies knew very little about uterine prolapse (Rashad et al., 2018).

KIST Medical College Teaching Hospital, Kathmandu, Nepal, did the descriptive cross-sectional study to evaluate information regarding uterine prolapse in 2017. Eighty women in the reproductive age range made up the sample size. Data was gathered utilizing a face-to-face interviewing approach and a semi-structured questionnaire. The findings indicate that 77% of women had heard of uterine prolapse and 23% had never heard of it or were unaware of it. According to the study, several of the ladies knew nothing about uterine prolapse (Maharjan et al., 2019).

2019 saw the completion of a descriptive cross-sectional research in a group of expectant mothers to gauge their knowledge of uterine prolapse. 104 females made up the sample size. Face-to-face interviews with participants in a semi-structured questionnaire were used to gather the data. The findings indicate that 35.3% of women had low levels of understanding. The study found that there is inadequate understanding of uterine prolapse (Liu et al., 2019).

In August 2016, a descriptive cross-sectional study on the information and elements influencing women with uterine prolapse was carried out in Kaski, Nepal. 100 women made up the sample size. Through the use of face-to-face interviews and a semi-structured questionnaire, the data were gathered. The findings indicated that 56% of the women knew too little about uterine prolapse. According to the study's findings, the majority of women knew little about uterine prolapse (Silwal et al., 2016).

In 2019, a descriptive cross-sectional study was conducted in Udaipur, India, to gauge women's understanding about uterine prolapse. There were 240 women in the sample. Face-to-face interviews with participants in a semi-structured questionnaire were used to gather the data. The findings indicated that the majority of women (63.33%) had inadequate understanding about uterine prolapse, while 36.67% of them had intermediate awareness. The study found that most women had inadequate understanding about uterine prolapse (Rawat, 2019).

In April 2018, a descriptive cross-sectional study was carried out in South Ethiopia to evaluate knowledge of uterine prolapse. 408 women made up the entire sample size. The ladies were chosen using a systematic random sample procedure and pretested structured questions were used for the interviews. According to the survey, 51.2% of moms had insufficient understanding about uterine prolapse. According to the study's findings, the majority of women knew little about uterine prolapse (Yohannes et al., 2018).

A descriptive cross-sectional study was conducted in May 2019 at Melnallathur in Thiruvallur to gauge the awareness of uterine prolapse among women of reproductive age. There were 60 women in the sample who were of reproductive age. Face-to-face interviews conducted in a semi-structured manner served as the data gathering approach. Out of 60 samples, the study found that 6.6% had sufficient knowledge, 73.3% had intermediate knowledge and 20% had poor knowledge. The study comes to the conclusion that women of reproductive age are poorly informed about uterine prolapse (Selvaraj, 2019).

Several studies revealed that knowledge on uterine prolapse can lower the risk, but knowledge is poor among women of reproductive age group women in order to reduce its occurrence as well as its complication and increase in health seeking behavior. Uterine prolapse is major public health issue in Nepal, for the prevention raising awareness and behavior change at individual, family and community level is necessary. In Nepal women deprived from education, has to go through early marriage, early pregnancy and frequent child bearing along with heavy lifting. Hence uterine prolapse seems effect of lack of awareness on uterine prolapsed in women.

2. RESEARCH METHODOLOGY

Research design

A descriptive cross sectional study design was used.

Setting of the study

The research was carried out in the Shital and Suryamukhi tole of Birendranagar municipality's Ward 4 in the Surkhet district. The survey was conducted at Shital and Suryamukhi tole of Birendranagar Municipality, ward no. 4 Surkhet, Karnali Province, Nepal November to December 2022. The site is located at 28°36'29" N latitude and 81°03'34" E longitude and at the altitude of 725 masl. The location lies in the inner terai having subtropical climatic condition.

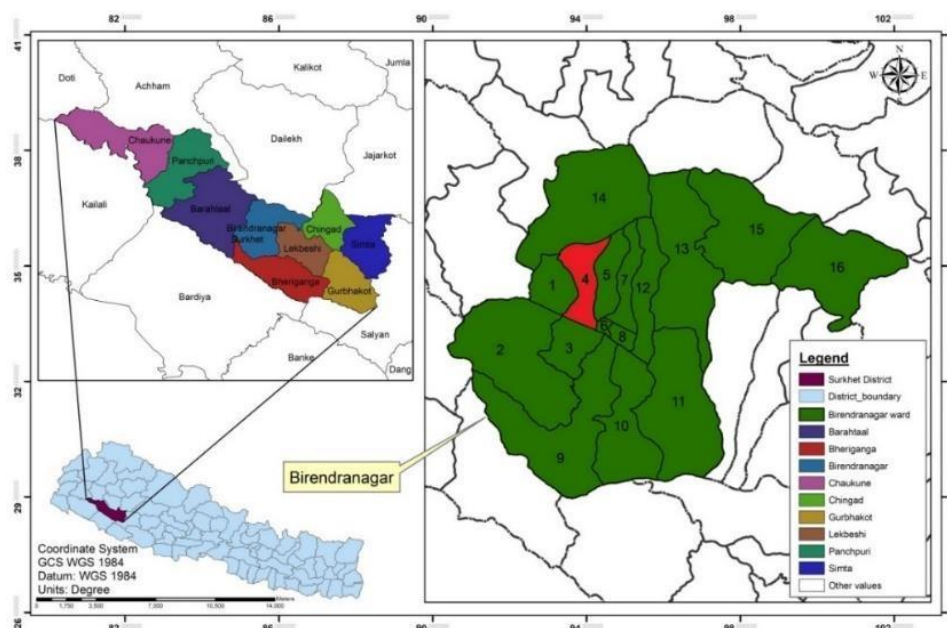


Figure 1 Map showing the setting of the study

Study population

Group of reproductive age (15-49 years) women of Shital and Suryamukhi tole of ward 4 of Birendranagar municipality of Surkhet district are the study population.

Sample size

Sample size was 60.

Sampling technique

The data were gathered using a convenience sampling method without probability.

Sample selection criteria

Inclusion criteria

Women of a certain community in Birendranagar-04, Surkhet, who are of childbearing age

Tools of data collection

Semi-structured questionnaire was used by consulting the experts and supervisor. Questionnaire consists of two parts:

Part I: Performa to collect socio-demographic data.

Part II: Semi structured knowledge questionnaire on Uterine Prolapse

Data collection technique

The data was gathered using a face-to-face interviewing approach and a semi-structured questionnaire.

Pre-testing of tool

Pre-testing the instrument among 10% (6) of total sample size at selected community of Nepalgunj and necessary modification of the instrument was carried out as necessary.

Validity and reliability

Content validity was established by extensive literature review, consulting with research advisors, statistician, subject matter experts and valuable suggestions from peers.

Data collection procedure

Study was conducted after the approval of research committee of Bheri Nursing College.

Written permission was taken from Bheri Nursing College.

Request letter from the Bheri Nursing College was submitted municipal ward 4 office of Birendranagar municipality to collect the data in the selected community.

After the permission, data was taken from setting.

All respondents provided written, informed permission.

The data was collected by using questionnaire technique.

Ethical consideration

The study was conducted after approval of proposal from Bheri Nursing College, Nepalgunj, Banke.

Formal permission was taken from selected ward office of Birendranagar municipality of Surkhet district.

Informed consent from responded was taken before starting questionnaire.

Confidentiality and privacy were maintained.

Respondents was not be influenced by any means to participate in the study.

The data was personalized and used for the purpose of study.

Data Analysis and Interpretation

Of this study, data from 60 women of reproductive age from a chosen community in Birendranagar Municipality in the Surkhet area were analyzed and interpreted. This study was carried out to ascertain the level of awareness among women of reproductive age regarding uterine prolapse. All the collected data were cleaned entered and analyzed using statistical software. The analysis was done using descriptive statistics. All the information was reported in term of frequency and percentage with the help of tables.

All the obtained data were analyzed on the basis of the objective of the study.

To determine how much information women in the reproductive age group know about uterine prolapse.

To measure the association between knowledge on uterine prolapse with selected socio-demographic variables

The data were organized and presented under the following sections:

Section I: Description of socio demographic characteristics.

Section II: How well-informed women in reproductive age are about uterine prolapse.

Section III: Relationships between socio-demographic factors and women of reproductive age's knowledge of uterine prolapse.

Section I: Description of socio demographic characteristics

This section of finding includes variables related to age, educational status, Ethnicity, Monthly income, residency, number of parities etc.

Table 1 Frequency and percentage distribution of reproductive age group women in terms of Age group of the respondents

N=60		
Variables	Frequency	Percentage
Age of Respondent		
15-30 Years	4	6.7%
30-45 Years	36	60.0%
45-60 Years	15	25.0%
>60 years	5	8.3%

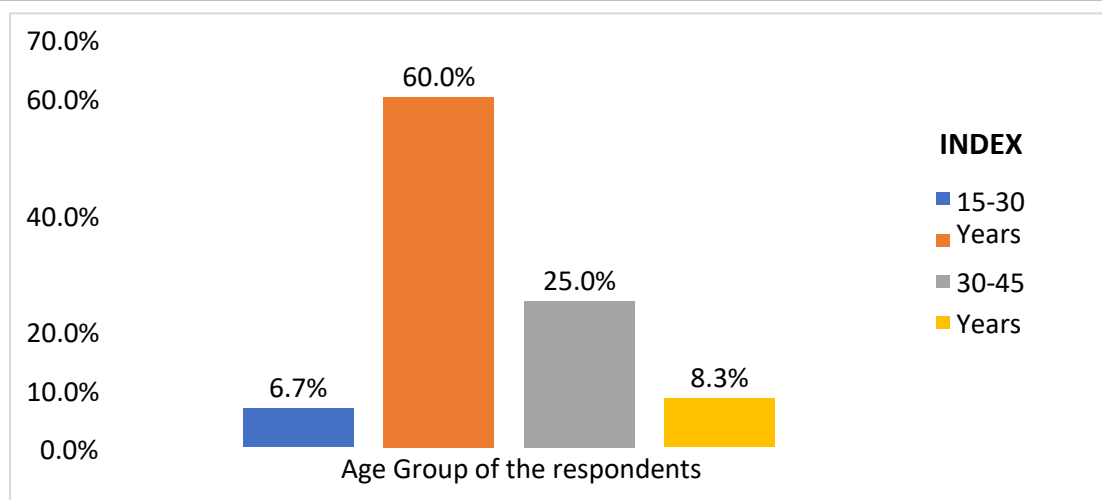


Figure 2 Bar diagram illustrating the percentage distribution of women in the reproductive age group by their age group

Interpretation

Table 1 and Figure 2 showed 60% of the respondents are of the age group 30-45 years, 25% of the respondents were of the age group 45-60 years, 8.3% were >60 years and least 6.7% are of 15-30 years

Table 2 Frequency and percentage distribution of reproductive age group women in terms of Ethnicity of the respondents

N=60		
Variables	Frequency	Percentage
Ethnicity of Respondent		
Brahmin	27	45.0%
Chhetri	4	6.7%
Janajati	12	20.0%
Dalit	15	25.0%
Other	2	3.3%

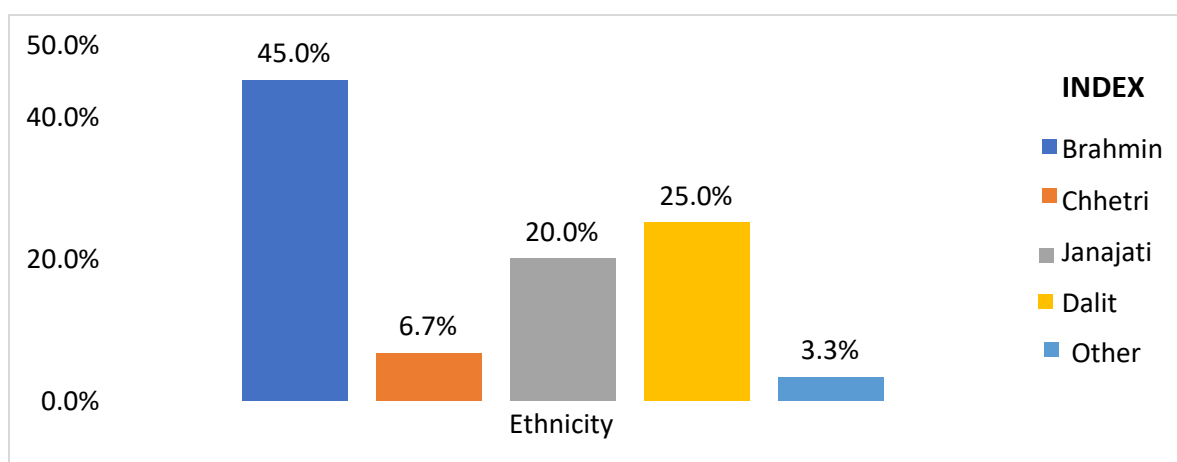


Figure 3 Bar diagram showing percentage distribution of reproductive age group women according to their Ethnic group

Interpretation

Table 2 and Figure 3 represents the statistics of the ethnic group of the respondents that comprises 45% Brahmin, Dalit 25%, Janajati 20%, Chhetri 6.7% and other 3.3%.

Table 3 Frequency and percentage distribution of reproductive age group women in terms of Education level of the respondents

N=60		
Variables	Frequency	Percentage
Education level of Respondent		
Illiterate	20	33.3%
Primary Level (1-8)	5	8.3%
Secondary Level (9-12)	14	23.3%
Bachelor	21	35.0%

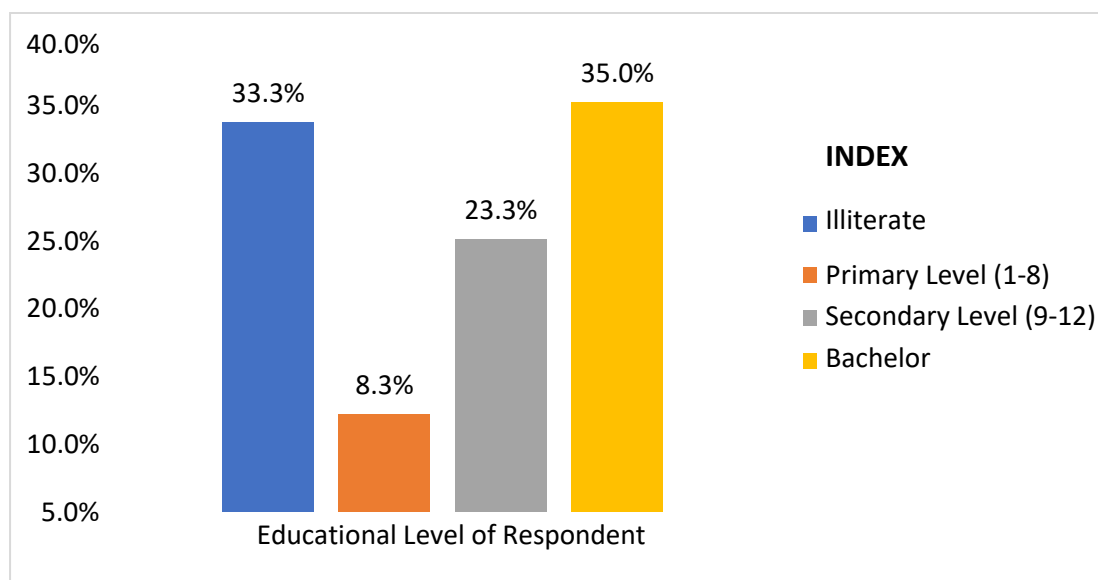
**Figure 4** Bar diagram showing percentage distribution of reproductive age group women according to their education level**Interpretation**

Table 2 and Figure 5 represents the statistics of the ethnic group of the respondents that comprises 45% Brahmin, Dalit 25%, Janajati 20%, Chhetri 6.7% and other 3.3%.

Table 4 Frequency and percentage distribution of reproductive age group women in terms of occupation of the respondents

N=60		
Variables	Frequency	Percentage
Occupation		
House Made	34	56.7%
Labour	9	15.0%
Business	12	20.0%
Government Job	5	8.3%

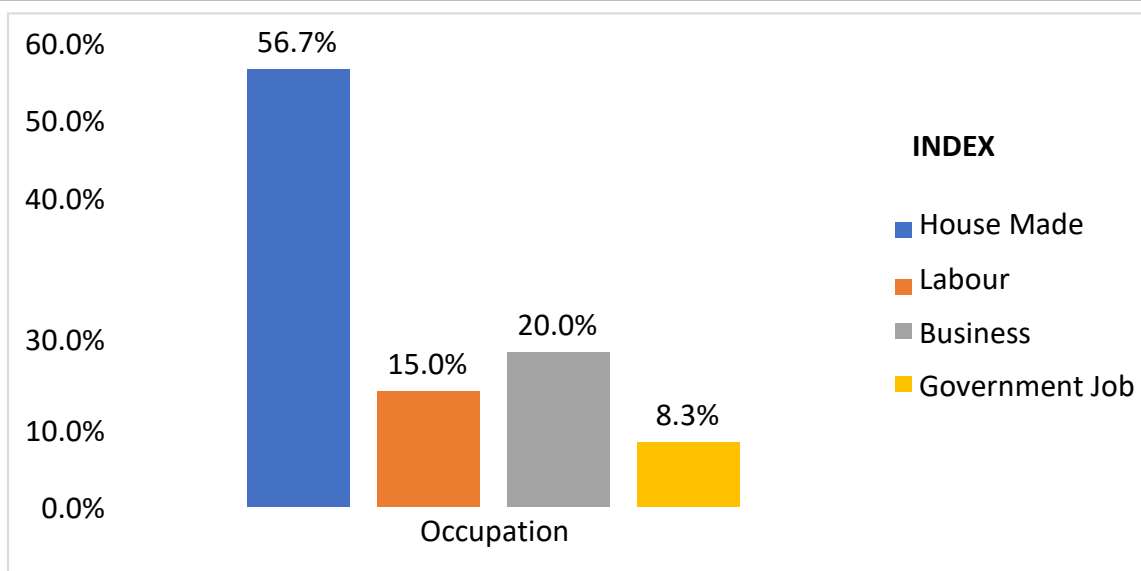


Figure 5 Bar diagram showing percentage distribution of reproductive age group women according to their education level

Interpretation

Table 4 and Figure 6 represents the statistics of the occupation of the respondents that comprises 56.7% house made, 20% own business, 15% work as labour and 8.3% have government jobs.

Table 5 Frequency and percentage distribution of reproductive age group women in terms of family type of the respondents

N=60		
Variables	Frequency	Percentage
Family Type		
Nuclear	34	56.7%
Joint	19	31.7%
Extended	7	11.7%

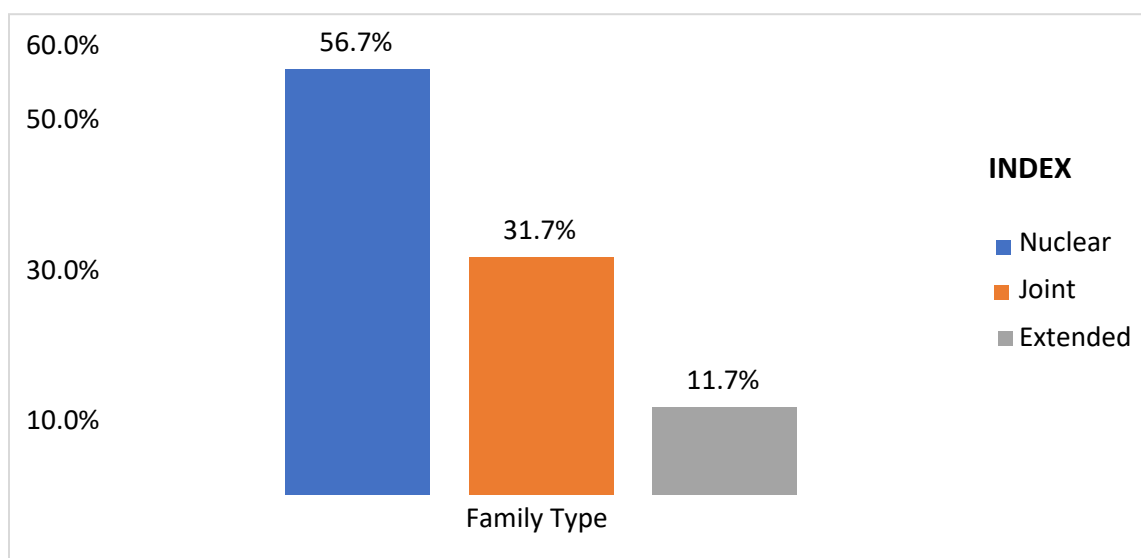


Figure 6 Bar diagram showing percentage distribution of reproductive age group women according to their family type

Interpretation

Table 5 and Figure 7 represent the family type of the respondents that comprises 56.7% nuclear, 31.7% Joint and 11.7% Extended.

Table 6 Frequency and percentage distribution of reproductive age group women in terms of occupation of the respondents

N=60		
Variables	Frequency	Percentage
Resident Area		
Rural	2	3%
Urban	58	97%
Monthly Income of Family		
<10000	5	8.3%
10001-20000	14	23.3%
20001-30000	2	3.3%

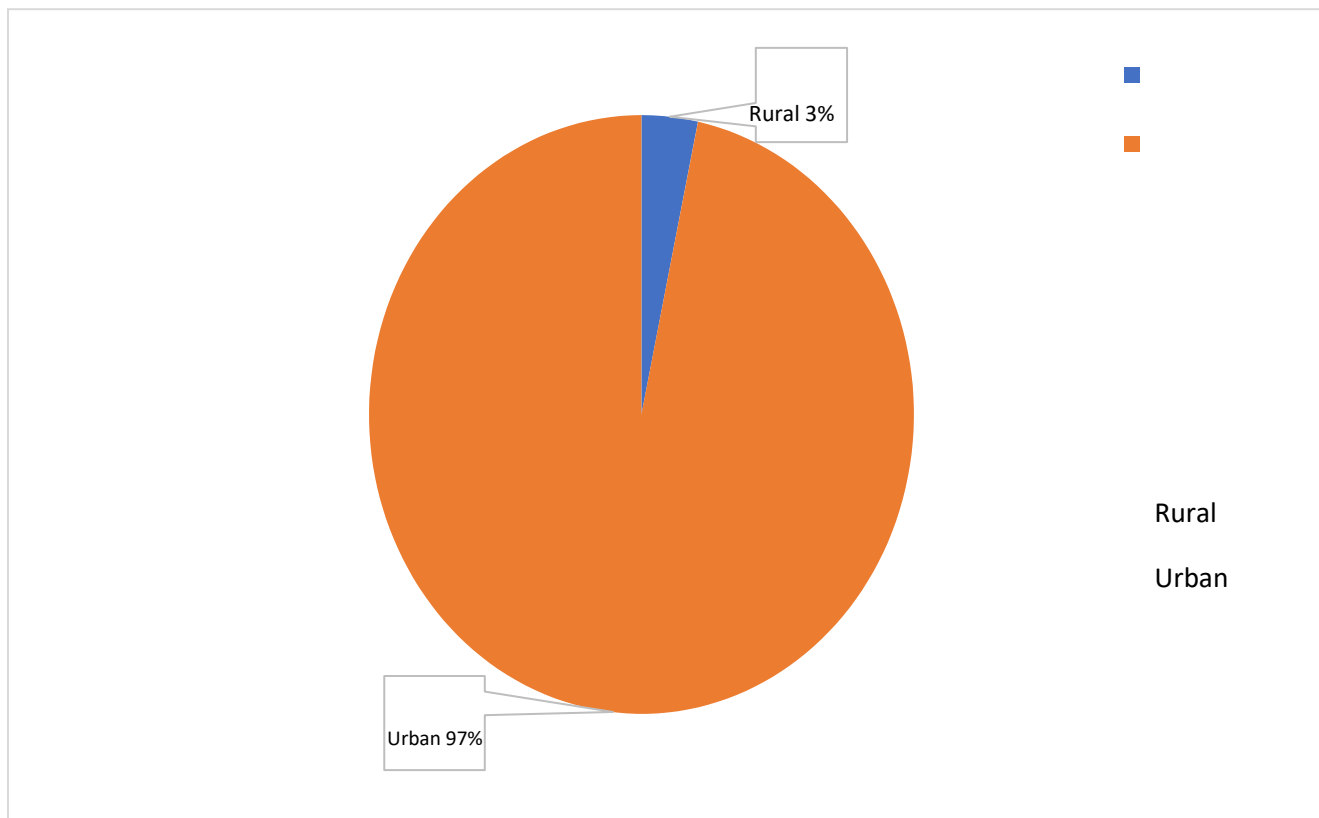
**Figure 7** Pie chart showing percentage distribution of reproductive age group women according to their place of residency**Interpretation**

Table 6, Figure 7 and 8 Shows that 97% of the respondent are from urban residency and only 3% are from rural setting. Also, 65% of the respondents have more than 30000 and only 8.3% have less than 10000 monthly incomes.

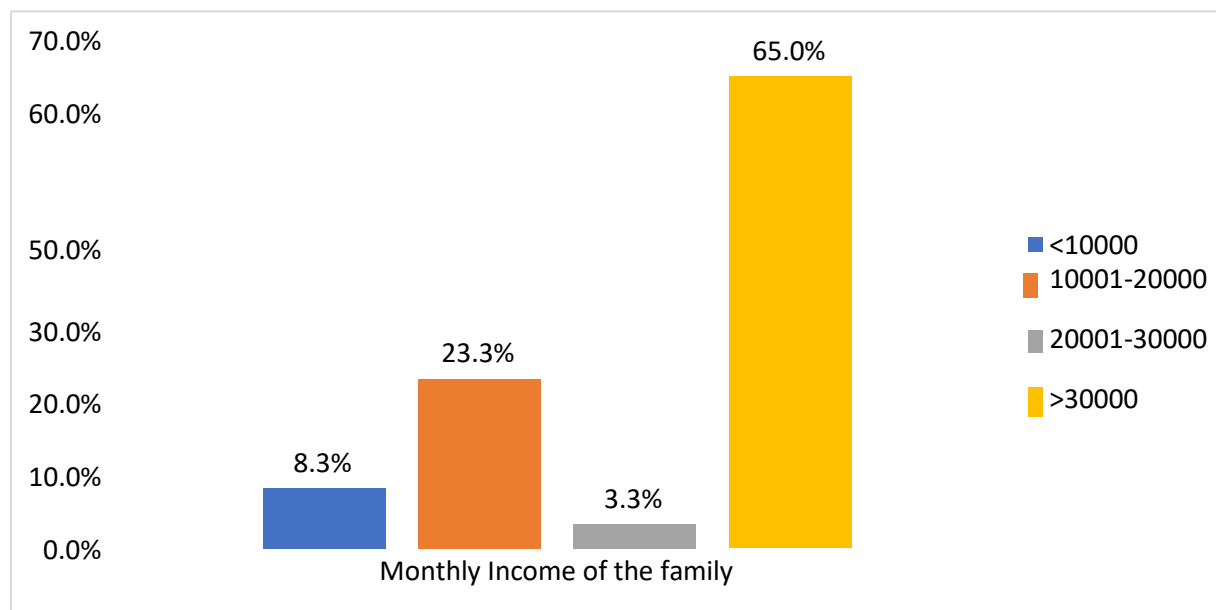


Figure 8 Bar diagram showing percentage distribution of reproductive age group women according to their monthly family income

Table 7 Frequency and percentage distribution of respondent in terms of socio- demographic variables: Marital Status, No. of Parity and Place of delivery

N=60		
Variables	Frequency	Percentage
Marital Status		
Married	48	80.0
Single women	7	11.7
Divorced	5	8.3
No. of Parity		
None	5	8.3
One	23	38.3
Two	5	8.3
>=Three	27	45.0
Place of Delivery		
Home	23	38.3
Hospital	37	61.7

Interpretation

Table 7 Shows that 80% of the respondent are married with more than 3 numbers of children was 45% and 61% had delivered in hospital.

Section II: Distributions of uterine prolapse knowledge among women of childbearing age

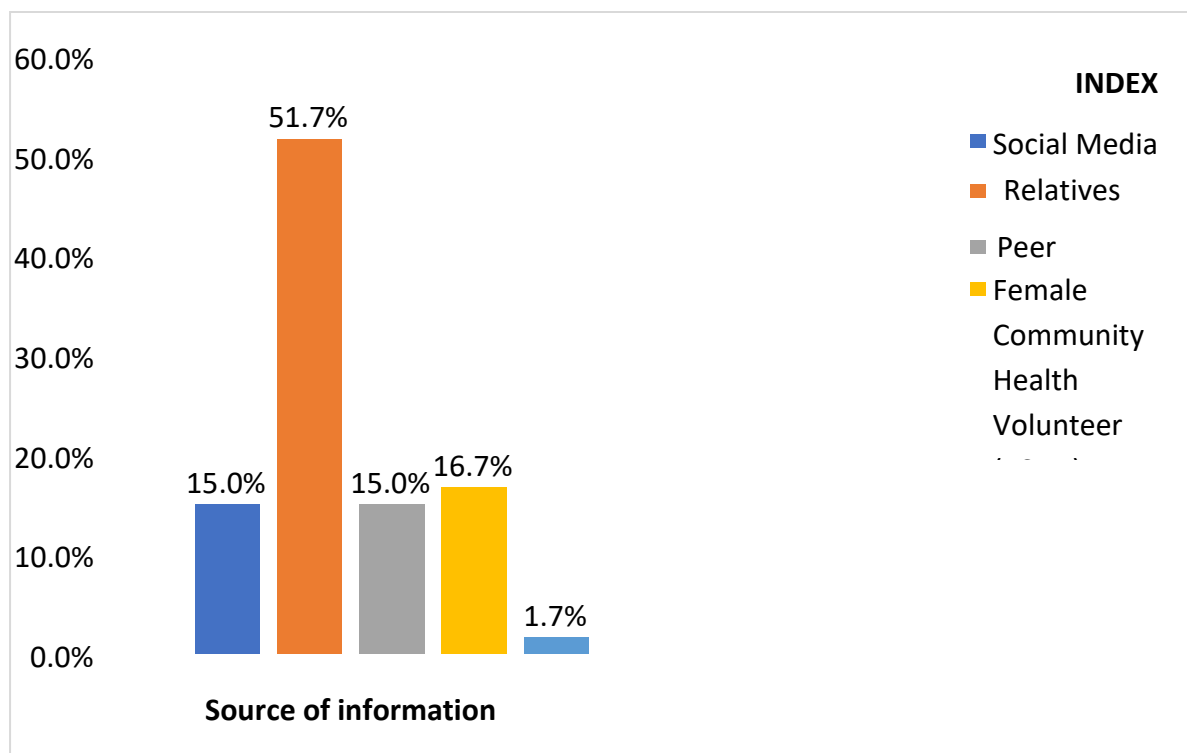
This section of finding includes variables related to knowledge about the Uterine Prolapse, meaning, causes, symptoms, preventive measures and treatments. Data was analyzed by using descriptive statistics.

Interpretation

Table 8 and Figure 8 shows that 71.7% of the respondents were known to uterine prolapse from different source of information of which 51.7% from relatives followed by FCHV 16.7% and social media 15%.

Table 8 Percentage and Frequency distribution of respondent in terms of Knowledge regarding Uterine Prolapse: Known to Uterine Prolapse, Source of Information

N=60		
Variables	Frequency	Percentage
Known to Uterine Prolapse		
Yes	43	71.7
No	17	28.3
If Yes, Source of information		
Social Media	9	15.0
Relatives	31	51.7
Peer group	9	15.0
Female Community Health Volunteer (FCHV)	10	16.7
Mass Media (radio, television, newspaper, Pamphlets)	1	1.7

**Figure 10** Bar diagram showing percentage distribution of reproductive age group women according to their education level**Table 9** Percentage and Frequency distribution of respondent in terms of Knowledge regarding Uterine Prolapse: Meaning, Causes and Symptoms

N=60		
Variables	Frequency	Percentage
Meaning of Uterine Prolapse		
Something falling out of vagina	36	60.0
Extra growth of tissue into Vagina	18	30.0
Swelling of vagina	6	10.0
Causes of Uterine Prolapse		
Carrying heavy loads during postnatal period	28	46.7
Multiple pregnancies	25	41.7

Delivered by untrained personnel	6	10.0
Lack of nutritional diets in postnatal period	1	1.7
Symptoms of Uterine Prolapse		
White vaginal discharge	21	35.0
Feeling of something coming out of vagina	32	53.3
Difficulty in walking	3	5.0
Involuntary pass of urine during coughing, sneezing and laughing	4	6.7

Interpretation

Table 9 shows that 60% of the respondents answered the meaning of uterine prolapse as something falling out of vagina and cause of uterine prolapse was carrying heavy load during post-natal period (46.7%) followed by multiple pregnancy (41.7%) and symptoms of uterine prolapse answered as feeling of something coming out of vagina (53.3%) followed by white vaginal discharge (35%).

Table 10 Frequency and percentage distribution of women of reproductive age in terms knowledge regarding degrees of Uterine Prolapse

N=60		
Variables	Frequency	Percentage
Degrees of Uterine Prolapse		
One	36	60.0
Two	21	35.0
Three	1	1.7
Four	2	3.3

Interpretation

The result shows that (Table 10) only 3.3% of the respondent correctly answered the no. of degrees of uterine prolapse.

Table 11 Percentage and Frequency distribution of respondent in terms of Knowledge regarding Uterine Prolapse: Preventions, Treatment, No. of Surgeries and Main Surgeries

Variables	Frequency (N=60)	Percent (%)
Preventive measures of Uterine Prolapse		
Not lifting heavy load during postnatal period	32	53.3
Avoiding multiple pregnancies	11	18.3
Eating nutritional diets during pregnancy and post-natal Period	5	8.3
Preventing Perianal injuries	12	20.0
Treatments of Uterine Prolapse		
Medicines	21	35.0
Ayurvedic/herbal/allopathy/homeopathy	6	10.0
Ring pessaries/surgery	31	51.7
No treatment	2	3.3
Number of Surgeries performed during Uterine Prolapse		
One	49	81.7
Two	2	3.3
Three	5	8.3
Four	4	6.7
Main surgeries performed in Uterine Prolapse		
Hysectomy	33	55.0

Prolapse repair	8	13.3
Both (a) and (b)	2	3.3
Laprotomy	17	28.3

Interpretation

Table 11 shows 53.3% of the respondents replied the preventive measure of the uterine prolapse is not lifting heavy loads during postnatal period and 51.7% answered treatment of uterine prolapse is ring pessaries/surgery followed by medicine 35% but only 3.3% of the respondents correctly answered number and type of surgeries performed during uterine prolapse.

Table 12 Frequency and percentage distribution of respondent in terms of Knowledge regarding Uterine Prolapse: Risk factor, Age group in risk and Risk/complication

N=60		
Variables	Frequency	Percentage
Risk factors of Uterine Prolapse		
Aging (>60 years)	14	23.3
Birth of large sized baby	24	40.0
Having one or more vaginal birth	20	33.3
Chronic coughing	2	3.3
Age group in risk of Uterine Prolapse		
15-30 years	15	25.0
30-45 years	17	28.3
45-60 years	12	20.0
>60 years	16	26.7
Risk or complications of Uterine Prolapse		
Infection	44	73.3
Piles	6	10.0
Cancer	7	11.7
Constipation	3	5.0

Interpretation

Result showed that birth of large sized baby is major risk factor of uterine prolapse (40%) and 26.7% answered the age group in the risk of uterine prolapse was above sixty years. 73.3% respondents replied infection is the major risk/complication during uterine prolapse (Table 12).

Table 13 Frequency and percentage distribution of respondent in terms of Knowledge regarding Uterine Prolapse: first step respondents act if faced with Uterine Prolapse and government intervention to improve the knowledge regarding Uterine Prolapse

N=60		
Variables	Frequency	Percentage
Initial step after Uterine Prolapse		
Share with husband	31	51.7
Share with nearest friend	15	25.0
Reach out nearest health care facility	12	20.0
Visit doctor and follow his/her prescription	2	3.3
Government interventions to prevent and improve the knowledge of Uterine Prolapse		
School education for sexual and reproductive health	11	18.3
Emphasize the prevention of Uterine prolapse in community health program	42	70.0
Strict rules and punishment against early marriage should be implemented	5	8.3
Awareness programs should be broadcasted from radio, tv, social medias	2	3.3

Interpretation

Results revealed that 51.7% of respondents said that, when faced with uterine prolapse, they would first talk to their husband about the issue and 70% of respondents thought that the government should emphasize uterine prolapse prevention in community health programs to prevent and raise awareness of uterine prolapse among women of reproductive age.

Table 14 Knowledge level of the reproductive age group women regarding Uterine Prolapse

N=60			
Variables	Frequency	Percentage	Mean± SD
Knowledge level			
Good	10	16.7	4.5±1.83
Average	20	33.3	
Poor	30	50.0	

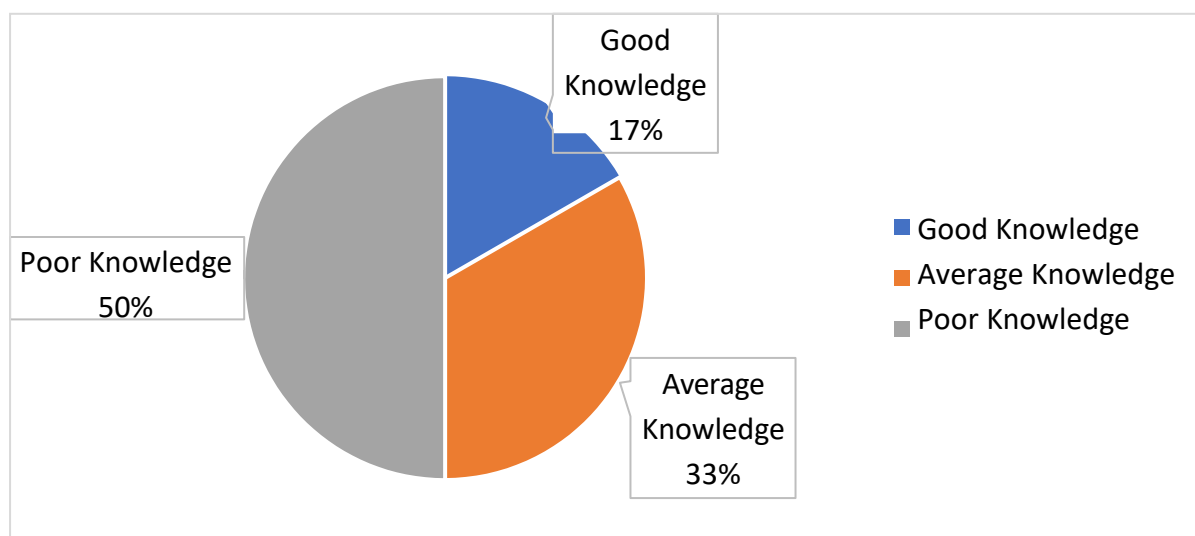


Figure 11 Pie chart showing knowledge level reproductive age group women regarding Uterine Prolapse

Interpretation

The Figure 11 shows that knowledge level of the 50% of respondent was found with poor knowledge regarding uterine prolapse followed by 33.3% with average level of knowledge and only 16.7% of the respondent have good knowledge. The mean knowledge score with standard deviation was 4.5 ± 1.83 .

4. DISCUSSION

The goal of the current study, which involved 60 participants, was to evaluate respondents' awareness about uterine prolapse among women in the reproductive age range. Here, the results of this study are examined in relation to previous data from related investigations.

Section I: Socio-demographic variables of women of reproductive age

In this study among 60 respondents, majority of the respondents (60%) are of the age group 30-45 years. As contradict to cross section study conducted in 25 districts of Nepal by Shrestha et al., (2015) shows that 72.4% of the respondents fall under the age group 20-35 years. Ethnically 45% of the respondents are Brahmin followed by 25% Dalit, 20% Janajati 20%, 6.7% Chhetri 6.7% and 3.3% other. As compare to the study conducted by Shrestha et al., (2015) reveals that 43% of the respondents were Brahmin and 22.2% was Janajati.

Most of the respondent education level was bachelor's degree (35%) and 33.3% are illiterate followed secondary level (23.3%) and primary level (8.3%). As contradict to Shrestha et al., (2015), 34.9% respondents have secondary level education. 56.7% of the respondent is housewife and 20% run their own business. As compare to study conducted in Lalitpur by Singh et al., (2016)

shows that 49.7% respondents were housewives. Most of the respondents are from nuclear family type i.e., 56.7%. The similar finding was supported by a study conducted on Lalitpur by Singh et al., (2016) which shows that 66.5% belongs to nuclear family.

Majority of the respondents i.e., 65% earns more than 30 thousand per month for their living. The similar finding was supported by a study conducted on Manmohan memorial hospital by Bhurtel et al., (2019) that majority of respondents (51.3%) had income above 30000. 80% of the respondent were married, supported by a study conducted on Manmohan memorial hospital by Bhurtel et al., (2021) that majority of respondents 90.6% were married.

Majority of respondents babies 61% born at hospital as contradict to cross sectional study conducted in Lalitpur by Singh et al., (2016) shows that 3.8% respondents' babies were born at hospital. Majority (45%) of the respondents have three or more than 3 number of children supported by the cross-sectional study conducted by Baruwat, Somrathong Pradhan in Surkhet district that showed that majority of the respondents were found to have three children (28.1%).

Section II: Women of reproductive age group's level of information about uterine prolapse

Present study shows that knowledge level of the majority of respondent was found poor (50%) followed by average level of knowledge (33.3%) and only 16.7% of the respondent have good knowledge. The mean knowledge score with standard deviation was 4.5 ± 1.83 . Similarly, the study conducted in Bhaktapur, Nepal by Shrestha et al., (2015) shows that 55% had comprehensive knowledge of uterine prolapse and uterine prolapse knowledge level was satisfactory in 37% of those who had ever heard about uterine prolapse. This may be due to community-based study, large sample size i.e., 4693; study population was only married women of reproductive age, multi stage random sampling technique.

In contrast to a cross-sectional research Shrestha et al., (2015) conducted in Nepal that found 53% of respondents had never heard of uterine prolapse, the current study reveals that 71.7% of respondents were aware of uterine prolapse. This could be because of the community-based study's high sample size (4693), the study's focus on married women of childbearing age and the multistage random sampling procedure. Respondents came to know about the uterine prolapse from various source of information of which 51.7% from relatives followed by FCHV (16.7%) and social media (15%) as similar study conducted in 25 districts of Nepal by Shrestha et al., (2015) reveal that 47.2% had heard from friends and relatives.

The current study found that 60% of respondents defined uterine prolapse as something coming out of the vagina and that carrying a heavy load during the postpartum period was the leading cause (46.7%), followed by multiple pregnancies (41.7%) and that the feeling of something coming out of the vagina (53.3%), followed by white vaginal discharge (35%), were the signs and symptoms. According to Shrestha et al., (2015) cross-sectional study in Bhojpur, 74.6% of respondents identified unpleasant vaginal discharge as a sign and symptom of uterine prolapse. This could be because of the community-based study, which only included married women of childbearing age and used a cluster sampling approach with probability proportional to sample size.

The majority of respondents (53.3%) indicated that the prevention of uterine prolapse involves avoiding excessive lifting during the postnatal period. In contrast to cross-sectional research done in the Manmohan Memorial Hospital by Bhurtel et al., (2019), the majority of respondents (80%) said that they did not carry heavy objects during the postpartum period as uterine prolapse prevention techniques. Majority of the respondents answered the treatment of uterine prolapse is ring pessaries/surgery (51.7%) followed by medicine (35%) but only 3.3% of the respondents correctly answered number and type of surgeries performed during uterine prolapse. As compare to study conducted in Bhaktapur, Nepal by Shrestha et al., (2015) shows 49.7% answered ring pessaries and 59.5% answered vaginal hysterectomy as the method of treatment of uterine prolapse. This may be due to community-based study, large sample size i.e., 3124 and simple random sampling technique.

Result showed that birth of large sized baby is major risk factor of uterine prolapse (40%) and age group in the risk of uterine prolapse was above sixty years (26.7%). Majority of the respondents (73.3%) replied infection is the major risk/complication during uterine prolapse. As compared to cross sectional study conducted in Bhojpur by Shrestha et al., (2015) shows that 61% answered infection as complication of uterine prolapse. This may be due to community- based study, different sampling technique i.e., cluster sampling technique. Results revealed that 51.7% of respondents said that when they experience uterine prolapse, they first talk to their husband about the issue and 70% of respondents thought that the government should emphasize uterine prolapse prevention in community health programs to prevent and raise awareness of uterine prolapse among women of reproductive age.

5. CONCLUSION

This study demonstrates that the degree of information of uterine prolapse among women in the reproductive age group in ward number 4 of Birendranagar Municipality, Surkhet, was bad in the majority or 50%, average among 33.3% and good in only 16.7%.

Most of them had low knowledge levels, it was discovered. It appears that the majority of them may be unaware that they have uterine prolapse. The study came to the conclusion that in order to reach the maximum level of quality of life, the knowledge gap should be closed through various forms of community communication, with a focus on women in the reproductive age group. To prevent and advance knowledge, the respondents wanted the government to place a strong emphasis on uterine prolapse prevention in community health programs.

Informed consent

Not applicable.

Ethical approval

Not applicable.

Conflicts of interests

The authors declare that there are no conflicts of interests.

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Data and materials availability

All data associated with this study are present in the paper.

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